

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0—2—0—0—4—

2. STATE:

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 23, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1915(g)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attach 3.1-A, pp. 8, 64 + Supp 1, 1b, + 1c

Attach 3.1-B pp. 7, 63 + Supp 1, 1b, + 1c

Attach 4.19-B, pp 56, 60-75

7. FEDERAL BUDGET IMPACT:

a. FFY<sub>02</sub> \$4,790b. FFY<sub>03</sub> \$63319. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attach 3.1-A, pp. 8, 64, Supp 1 &amp; 1b

Attach 3.1-B, pp. 7, 63, Supp 1 &amp; 1b

Attach 4.19-B, pp 56, 60-74

10. SUBJECT OF AMENDMENT:

Targeted case management services for persons not receiving section 1915(c) waived services who are vulnerable adults or persons with MR/MR

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

3/28/02

16. RETURN TO:

Stephanie Schwartz

Minnesota Department of Human Services

Federal Relations Unit

444 Lafayette Rd. No.

St. Paul, MN 55155-3853

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

3/29/02

18. DATE APPROVED:

3/20/02

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 23, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris  
Regional Administrator  
Division of Medicaid and Children's Health

21. TYPED NAME:

Cheryl A. Harris

23. REMARKS:

MAR 29 2002

DMCH/ARA

MINNESOTA  
MEDICAL ASSISTANCE

Federal Budget Impact of Proposed State Plan Amendment TN 02-04  
Attachments 3.1-A/B & 4.19-B: Vulnerable Adult Targeted Case Management Services

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Effective January 23, 2002, targeted case management services to adults not receiving §1915(c) waiver services, who are vulnerable adults or persons with mental retardation or related conditions, are added to the State plan.

Pursuant to Laws of Minnesota 2001, First Special Session, chapter 9, article 2, sections 39 (Minnesota Statutes, §256B.0621, subd. 1) (2001 Supplement) and 44 (Minnesota Statutes, §256B.0924), and Minnesota Statutes, §256B.092, subd. 2a (authorizes TCM for adults with MR/RC).

The anticipated federal budget impact is:

	<u>FFY '02*</u>	<u>FFY '03</u>
Non-federal costs	\$4,789,075	\$6,331,798
<b>Federal costs</b>	<b>\$4,789,075</b>	<b>\$6,331,798</b>
 Total MA Costs	 \$9,578,150	 \$12,663,596

The Department anticipates that the number of potential recipients is 4,556 for FFY '02 and 4,829 for FFY '03.

\* January 23, 2002-September 30, 2002

State: Minnesota

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

19. Case management services and tuberculosis related services

- a. Case management services as defined in, and to the group groups specified in, Supplements 1 ~~and 1A~~ through 1C to ATTACHMENT 3.1-B (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

x Provided: x With limitations\*

\_\_\_ Not provided.

- b. Special tuberculosis (TB)-related services under section 1902(z)(2)(F) of the Act.

x Provided: x With limitations\*

\_\_\_ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

x Provided: x Additional coverage\*\*

- b. Services for any other medical conditions that may complicate pregnancy.

x Provided: x Additional coverage\*\* \_\_\_ Not provided.

21. Certified pediatric or family nurse practitioners' services.

x Provided: \_\_\_ No limitations x With limitations\*

\_\_\_ Not provided.

\* Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

\*\* Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\* Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MINNESOTA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and tuberculosis related services

- a. Case management services as defined in, and to the ~~group~~ groups specified in, Supplements 1 ~~and 1A~~ through 1C to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

x Provided: x With limitations

     Not provided.

- b. Special tuberculosis (TB)-related services under section 1902(z)(2)(F) of the Act.

x Provided: x With limitations\*

     Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

x Additional coverage\*\*

- b. Services for any other medical conditions that may complicate pregnancy.

x Additional coverage\*\*

\*\* Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\* Description provided on attachment.

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: January 23, 2002

Page 64

TN: 02-04

Approved: AUG 20 2002

Supersedes: 00-11

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19. Case management services:

- Provided with limitations identified in Supplements 1 and ~~1A~~ through 1c to this Attachment.